THE STATE OF MONTANA  COMMISSIONER OF POLITICAL PRACTICES 1205 Eighth Avenue Post Office Box 202401 Helena, MT 59620-2401 TELEPHONE: 406-444-2942 FAX NUMBER: 406-444-1643 WEBSITE: www.politicalpractices.mt.gov  FORM L-5A (Revised 4/05) LOBBYING FINANCIAL REPORT TO BE FILED by PRINCIPAL	FOR OFFICE USE ONLY Date Received Postmark Date (If Filed Late)		
ORIGINAL FILING AMENDED FILING			
TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXC REPORTING PERIODS (Check $\lor$ Appropriate Box)	EPT FOR CERTIFICATION SIGNATURE		
2005 Legislative Session Year	Report		
* January 1 – January 31 (due February 15, 2005)	Tropo.t		
** February 1 – February 28 (due March 15, 2005)			
** March 1 - March 31 <i>(due April 15, 2005)</i>			
*** April 1 - End of Session (due 30 days after adjournment)			
*** End of Session - December 31 (due February 15, 2006)			
In the event of Special Legislative Session(s) the fo	allowing will apply:		
*** Adjournment of Special Session (due 30 days after adjournment)	mouning will apply.		
*** End of Session – December 31 (due February 15, 2006)			
* Report is required only if reportable payments exceeding \$2,200 for lobbying activities or to sup	The assist labbuing activities have been made during		
the reporting period.	port of assist ionnying activities have been made dailing		
** Report is required for each month in which reportable payments for lobbying activities or to support or assist lobbying activities are \$5,000 or more and the report must include all payments made during the prior calendar months if such payments have not been previously reported.			
, , , , , , , , , , , , , , , , , , , ,	***Report is required even if no reportable payments for lobbying activities have been made during the reporting period if payments for lobbying activities or to support or assist lobbying activities of more than \$2,200 have been made in this calendar year.		
or to support or assist lobbying activities of more than \$2,200 have been made in this calendar			
or to support or assist lobbying activities of more than \$2,200 have been made in this calendar  FULL NAME OF PRINCIPAL	een made this calendar year and previously		
FULL NAME OF PRINCIPAL  COMPLETE BUSINESS MAILING ADDRESS (Including City, State, Zip)  PLEASE NOTE: If reportable payments for lobbying activities of more than \$2,200 have been made AND no earmarked contributions.	een made this calendar year and previously		
FULL NAME OF PRINCIPAL  COMPLETE BUSINESS MAILING ADDRESS (Including City, State, Zip)  PLEASE NOTE: If reportable payments for lobbying activities of more than \$2,200 have be reported, but no payments for lobbying activities have been made AND no earmarked contreporting period, check box to the right and only file first page.	een made this calendar year and previously		
FULL NAME OF PRINCIPAL  COMPLETE BUSINESS MAILING ADDRESS (Including City, State, Zip)  PLEASE NOTE: If reportable payments for lobbying activities of more than \$2,200 have be reported, but no payments for lobbying activities have been made AND no earmarked contreporting period, check box to the right and only file first page.	een made this calendar year and previously		
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## PART I Required In accordance with MCA 5-7-102, 5-7-112, and 5-7-208

Payments for lobbying activities that exceed \$2,200\* to one or more individuals to promote, oppose, or modify the introduction or enactment of legislation on behalf of the Principal are required to be reported.

\*reimbursement for personal living expenses do not have to be reported

TOTAL REPORTING PERIOD, FOLLOWING PAYMENTS WERE MADE:  TOTAL REPORTIS MADE TO INDIVIDUALS (OTHER THAN REGISTERED LOBBYISTS) EMPLOYED OR RETAINED TO LOBBY OR TO SUPPORT OR ASSIST LOBBYING ACTIVITIES  TRAVEL EXPENSES  ADVERTISING (including production costs)  ENTERTAINMENT (including telephone, fax, e-mail)  POSTAGE  PRINTING  OTHER OFFICE EXPENSES	A. DURING THIS REPORTING PERIOD, PAYMENTS WERE MADE TO THE FOLLOWING LOBBYISTS TO PROMOTE, OPPOSE, OR MODIFY THE INTRODUCTION OR ENACTMENT OF LEGISLATION, OR TO SUPPORT OR ASSIST LOBBYING ACTIVITIES:  (Payments include salaries & fees, allowances, rewards, contingency fees)	
B. THIS REPORTING PERIOD, FOLLOWING PAYMENTS WERE MADE:  TOTAL REPORTABLE PAYMENTS TO LOBBYISTS (From Section A)  TOTAL PAYMENTS MADE TO INDIVIDUALS (OTHER THAN REGISTERED LOBBYISTS) EMPLOYED OR RETAINED TO LOBBY OR TO SUPPORT OR ASSIST LOBBYING ACTIVITIES  TRAVEL EXPENSES  ADVERTISING (including production costs)  ENTERTAINMENT (including all foods and refreshments)  COMMUNICATION (including telephone, fax, e-mail)  POSTAGE  PRINTING  OTHER OFFICE EXPENSES	Full Name of Lobbyist Paid (Please Print)	Lobbyist Will Cease to
B. THIS REPORTING PERIOD, FOLLOWING PAYMENTS WERE MADE:  TOTAL REPORTABLE PAYMENTS TO LOBBYISTS (From Section A)  TOTAL PAYMENTS MADE TO INDIVIDUALS (OTHER THAN REGISTERED LOBBYISTS) EMPLOYED OR RETAINED TO LOBBY OR TO SUPPORT OR ASSIST LOBBYING ACTIVITIES  TRAVEL EXPENSES  ADVERTISING (including production costs)  ENTERTAINMENT (including all foods and refreshments)  COMMUNICATION (including telephone, fax, e-mail)  POSTAGE  PRINTING  OTHER OFFICE EXPENSES		
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## PART II Required in accordance with MCA 5-7-208(5)(d)

List each bill draft request, bill number, and legislative issue\* for which a major effort\*\* was exerted to support, oppose, or modify the introduction or enactment of legislation, and stating the Principal's position.

- \* Describe in sufficient detail to ensure determination of subject, i.e. "no-fault insurance," "methane gas regulation," etc.
- \*\* See Administrative Rules of Montana 44.12.102(6)

ISSUE, LC #, SB #, or HB #	SUPPORT, OPPOSE, OR MODIFY

If needed, provide additional information on separate sheet and attach to report.

## PART III Required in accordance with MCA 5-7-208(5)(c)

List each earmarked contribution and membership fee of \$250 or more, aggregated over the period January 1 through December 31, paid to the principal for the purpose of promoting, opposing, or modifying the introduction or enactment of legislation. Provide full name of each payer, amount, and issue area.

Full Name Complete Mailing Address of Member/Contributor	Amount	Issue Area Earmarked
	\$	
	\$	
	\$	

If needed, provide additional information on separate sheet and attach to report.

## PART IV Required in accordance with MCA 5-7-208(5)(b)

Itemize by name of payee and beneficiary, each separate payment of \$25 or more paid to the benefit of any public official and each separate payment of \$100 or more paid to the benefit of more than one public official. *Amount of benefit must be reported as an expense in Part I.* 

Complete Name of Payee	Benefit Amount	Name of Public Official Receiving Benefit
	\$	
	\$	

If needed, provide additional information on separate sheet and attach to report.